

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State File No. 322

Registered No. 1841

1. PLACE OF BIRTH

County Maricopa State Arizona

District or Township _____ or Village _____

City Phoenix No. Thomas Rd & Canal Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria Soto { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 6. Legitimate? Yes 7. Date of birth 12 11 1929
Month Day Year

8. FATHER Full name Manuel Soto 14. MOTHER Full maiden name Beatriz Soto

9. Residence (Usual place of abode) Thomas Rd. & Canal 15. Residence (Usual place of abode) Thomas Rd. & Canal

If non-resident, give place and state. If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 30 (Years) 16. Color or race White 17. Age at last birthday 28 (Years)

12. Birthplace (city or place) Mexico (State or country) 13. Birthplace (city or state) Arizona (State or country)

13. Occupation Laborer Nature of Industry 19. Occupation House wife Nature of Industry

20. Number of children of this mother 6 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 6 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 8:30 a.m. on the date above stated.
(Born alive or stillborn)

Signature W. C. Hackett (Physician or midwife)

Given name added from a supplemental report _____ Address 216 E. Washington St

Month, day, year _____ Filed Dec. 18 1929 Registrar J. W. Woodman

Registrar.

Registrar.

426-1211-224